

UNITED STATES OF AMERICA  
COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

OFGS FILE NO.  
P / 3632 - 4

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**FLEXOGRAPHIC SIMULATOR AND DIAGNOSTIC SYSTEM**

the specification of which is attached hereto, unless the following box is checked:

was filed on \_\_\_\_\_ as United States patent Application Number or PCT International patent application number \_\_\_\_\_ and was amended on \_\_\_\_\_ (if any).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate or United States provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign or Provisional Application(s)

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
United States	60/180,163	2/4/2000	YES <input checked="" type="checkbox"/> NO _____
			YES _____ NO _____
			YES _____ NO _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

UNITED STATES APPLICATION NUMBER	DATE OF FILING (day, month, year)	STATUS (patented, pending, abandoned)

I hereby appoint customer no. 2352 OSTROLENK, FABER, GERB & SOFFEN, LLP, and the members of the firm, Samuel H. Weiner - Reg. No. 18,510; Jerome M. Berliner - Reg. No. 18,653; Robert C. Faber - Reg. No. 24,322; Edward A. Meilman - Reg. No. 24,735; Stanley H. Lieberstein - Reg. No. 22,400; Steven I. Weisbord - Reg. No. 27,409; Max Moskowitz - Reg. No. 30,576; Stephen A. Soffen - Reg. No. 31,063; James A. Finder - Reg. No. 30,173; William O. Gray, III - Reg. No. 30,944; Louis C. Dujmich - Reg. No. 30,625; Douglas A. Miro - Reg. No. 31,643, and Michael J. Scheer - Reg. No. 34,425, as attorneys with full power of substitution and revocation to prosecute this application, to transact all business in the Patent & Trademark Office connected therewith and to receive all correspondence.

SEND CORRESPONDENCE TO: **OSTROLENK, FABER, GERB & SOFFEN, LLP** DIRECT TELEPHONE CALLS TO:  
1180 AVENUE OF THE AMERICAS (212) 382-0700  
NEW YORK, NEW YORK 10036-8403  
CUSTOMER NO. 2352

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR <b>Peter Q. HERMAN</b>	INVENTOR'S SIGNATURE	DATE
RESIDENCE (City and either State or Foreign Country) <b>Antony, France</b>	COUNTRY OF CITIZENSHIP <b>United States</b>	
POST OFFICE ADDRESS <b>2 Passage de la Bièvre, Antony 92160 France</b>		
FULL NAME OF SECOND JOINT INVENTOR (IF ANY)	INVENTOR'S SIGNATURE	DATE
RESIDENCE (City and either State or Foreign Country)	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS		
FULL NAME OF THIRD JOINT INVENTOR (IF ANY)	INVENTOR'S SIGNATURE	DATE
RESIDENCE (City and either State or Foreign Country)	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS		

Serial or Patent No.: \_\_\_\_\_ OFGS File No. P/3632-4  
 Filing or Issue Date: \_\_\_\_\_  
 Applicant or Patentee: Peter O. Herman  
 For: FLEXOGRAPHIC SIMULATOR AND DIAGNOSTIC SYSTEM

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS**  
37 CFR 1.9(f) and 1.27(c) - SMALL BUSINESS CONCERN

I hereby declare that with regard to the small business concern identified below I am  
 the owner of the small business concern  
 an official of the small business concern empowered to act on behalf of same  
 NAME OF CONCERN: Sinapse Graphic International  
 ADDRESS OF CONCERN: ROUTE de L'Orme aux Merisiers, 91194 Saint Aubin Cedex FRANCE

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 33 CFR 1.21.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under 35 USC §41(a) and (b) in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns the affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention entitled FLEXOGRAPHIC SIMULATOR AND DIAGNOSTIC SYSTEM

by Inventor(s) Peter O. Herman  
 described in  
 U.S. Patent Application filed herewith      filed \_\_\_\_\_       U.S.  
 Patent No. \_\_\_\_\_ issued \_\_\_\_\_

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having the rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a non-profit organization under 37 CFR 1.9(e). \*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. 37 CFR 1.27.

NAME: \_\_\_\_\_  
 ADDRESS:  INDIVIDUAL  SMALL BUSINESS CONCERN  NON-PROFIT ORGANIZATION

NAME: \_\_\_\_\_  
 ADDRESS:  INDIVIDUAL  SMALL BUSINESS CONCERN  NON-PROFIT ORGANIZATION

I acknowledge the duty to file in this patent application or patent, notification of any change of status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. 37 CFR 1.29(b).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 USC §1001, and that such willful false statements may jeopardize the validity of the patent application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Peter O. Herman  
 ADDRESS OF PERSON SIGNING: 2 Passage de la Bièvre, Antony 92160 France

SIGNATURE: P.O.H. DATE: Jan 31/2001